

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**

Attorney Docket No.:

**58771.000043**

In re Application Of **Paul BARNETT et al.**  
 Application Number **10/628,414**  
 Filed **July 29, 2003**  
 For **Stratified and Cryogenically Stored Vaccines Process for Their Preparation**

Confirmation No. **6305**  
 Group Art Unit **1648**  
 Examiner **Myron G. HILL**


This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above-identified application.

The requested extension and appropriate fee is as follows:

- |   | Large Entity | Small Entity | Amount   |
|---|--------------|--------------|----------|
| <input type="checkbox"/> One Month            | \$ 130.00    | \$ 65.00     | \$       |
| <input checked="" type="checkbox"/> Two Month | \$ 490.00    | \$ 245.00    | \$490.00 |
| <input type="checkbox"/> Three Month          | \$1110.00    | \$ 555.00    | \$       |
| <input type="checkbox"/> Four Month           | \$1730.00    | \$ 865.00    | \$       |
| <input type="checkbox"/> Five Month           | \$2350.00    | \$1175.00    | \$       |
- ☐ Applicant claims small entity status. See 37 CFR 1.27.  
☐ A check in the amount of the fee is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0206. A duplicate of this sheet is attached.
- I am the ☐ applicant/inventor.  
☐ assignee of record of the entire interest. See 37 CFR 3.71  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96);  
☒ attorney or agent of record.  
☐ attorney or agent under 37 CFR 1.34(a).  
 Registration number if acting under 37 CFR 1.34(a).

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

Sept 25, 2009  
 Date

  
 Signature  
**Jonathan B. Burns**  
 Typed or Printed Name  
**51,515**  
 Registration Number (if applicable)

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

- ☒ \*Total of 1 form(s) is/are submitted.